



BRYAN POLICE DEPARTMENT  
**CITIZEN POLICE ACADEMY**  
P.O. BOX 1000 C BRYAN, TEXAS 77805  
(979) 209-5349

## APPLICATION FOR ENROLLMENT

Check One

Full Name: \_\_\_\_\_ Mr. Mrs. Ms.

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

City

Zip

Occupation: \_\_\_\_\_ Business/School Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Street

City

Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Have you previously attended a Citizen Police Academy? Yes No

If yes, where? \_\_\_\_\_

How did you first hear about the Bryan Citizen Police Academy? \_\_\_\_\_

Why do you wish to attend the Bryan Citizen Police Academy? \_\_\_\_\_

Use back if necessary

Give name, address, and phone number of two character references:

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Mail completed and signed application to the address above.

## Better Understanding Through Education